

# MABHUQA SOGODI APPLICATION FORM

PRINCIPAL MEMBER NAME		SURNAME							
IDENTITY NUMBER	MARITAL STATUS		Married	Single	Widowed	Divorced	GENDER	Male	Female
PERSAL NUMBER	UNION NUMBER		EMAIL ADDRESS						
CELL NUMBER	FAX NUMBER		HOME NUMBER		WORK NUMBER				
SCHOOL NAME	POSTAL ADDRESS		POSTAL CODE						

## FAMILY DEPENDANTS

Spouse and Children Under Age 21 Years Names & Surnames	Identity No	Relationship To Member
1		
2		
3		
4		
5		
6		
7		
8		
9		

BENEFICIARY: Name and Surname:	BENEFICIARY: ID Number:
BENEFICIARY: Cell Number:	BENEFICIARY: Email Address:
	ADDRESS

PLAN - A	
Main Member	R100
Spouse	R80
Dependents 0 – 18years	R35
Children under 18 years	R45
Children over 21 years	R55
Extended Family Members	R55- R95
<b>R10 000 Benefits</b>	

PLAN - B	
Main Member	R120
Spouse	R100
Dependents 0 – 18years	R35
Children under 18 years	R45
Children over 21 years	R55
Extended Family Members	R55- R95
<b>R15 000 Benefits</b>	

PLAN - C	
Main Member	R150
Spouse	R110
Dependents 0 – 18years	R35
Children under 18 years	R45
Children over 21 years	R55
Extended Family Members	R55- R95
<b>R20 000 Benefits</b>	

PLAN - D	
Main Member	R180
Spouse	R140
Dependents 0 – 18years	R35
Children under 18 years	R45
Children over 21 years	R55
Extended Family Members	R55- R95

<b>Members</b>	
<b>R28 000 Benefits</b>	

<b>PLAN - E</b>	
<b>Main Member</b>	R220
<b>Spouse</b>	R180
<b>Dependents 0 – 18years</b>	R35
<b>Children under 18 years</b>	R45
<b>Children over 21 years</b>	R55
<b>Extended Family Members</b>	R55- R95
<b>R38 000 Benefits</b>	

<b>PLAN - F</b>	
<b>Main Member</b>	R280
<b>Spouse</b>	R210
<b>Dependents 0 – 18years</b>	R35
<b>Children under 18 years</b>	R45
<b>Children over 21 years</b>	R55
<b>Extended Family Members</b>	R55- R95
<b>R52 000 Benefits</b>	

<b>PLAN - G</b>	
<b>Main Member</b>	R330
<b>Spouse</b>	R240
<b>Dependents 0 – 18years</b>	R35
<b>Children under 18 years</b>	R45
<b>Children over 21 years</b>	R55
<b>Extended Family Members</b>	R55- R95
<b>R62 000 Benefits</b>	

<b>INKOMO – PLAN</b>	
Inkomo plan is a value - add Policy that delivers a cow to your home. You can decide between cash payout of R11500	
<b>SINGLE Member</b>	
<b>1 – 17 Years</b>	R150
<b>18 – 54 Years</b>	R250
<b>55 – 75 Years</b>	R350
<b>75 – 95</b>	R450
Waiting period for all abovementioned will be 12 months	
<b>Inkomo / R11500 CASH BACK</b>	

<b>VIHICLE INSURANCE PLAN</b>	
<b>PLANS OPTIONS</b>	
<b>12 Months</b>	R1100
<b>18 Months</b>	R950
<b>24 Months</b>	R860
<b>36 Months</b>	R750
<b>48 Months</b>	R650– R520 R450 R300 R250

\* Please see the attached Summary Terms and Conditions for benefit limits for children.

Select preferred payment method: PERSAL      DEBIT ORDER

PERSAL DEDUCTION AUTHORISATION (\*Mandatory/Required fields)

Full Name And Surname	Identity Number	Persal	Employers	Departmental Code	Rank	Month	Amount

I hereby authorize the Accountant of the MABHUQA SOGODI to deduct from my salary each month for the premium specified above for cover I have chosen, with effect from selected month above and monthly thereafter, and pay this amount to Mabhuqa Sogodi Insurance Company Limited from whom I have obtained a policy, until such time as I cancel this authorization in writing, or until I substitute it with a new authorization. Should the relevant premium rate be changed by Mabhuqa Sogodi as a result of an inflation related increase in premium rate, I confirm that the changed premium rate may be deducted from my salary until such time as I cancel this authorization in writing or until I substitute it with a new authorization. In the event of this deduction not being successful, the policy will end, subject to the grace period as described in the Terms and Conditions. No deductions are accepted for arrear or any other premiums. Please note that your policy only starts when your first premium is collected. Please allow sufficient time from submission of your application form to the collection date. (Your payroll department may take up to two months to commence the deduction from your salary.)

Should you wish to start your first deduction via debit order, please tick the block and provide us with your banking details:

PRINCIPAL MEMBER'S **SIGNATURE**:\* \_\_\_\_\_ **DATE**:\* \_\_\_\_\_

\*Also, provide us with your banking details and deduction date below, for us to deduct premium from your bank account if your salary deduction is unsuccessful.

**DEBIT ORDER MANDATE (\*Mandatory/Required fields)**

Account Holder	Branch Code	Account Type	Account Number	Name of Bank	Deduction Date	Amount

I hereby authorise ???? on behalf of Mabhuqa Sogodi to commence a debit order withdrawal from my account monthly for the premium specified above for the cover selected. I understand that the debit order will be run on the date selected. If for any reason it is not honoured, two withdrawal runs will be done the next month. In the event of this second run being dishonoured, the policy will lapse. It remains your responsibility to ensure that we receive premiums. I understand it is required that this signed document reaches Real Pay ?? offices 10 working days prior to the selected deduction date, if not, the deduction will only qualify for the following calendar month's deductions. In the event that the payment day falls on a Sunday, or recognised South African public holiday, the payment day will automatically be the preceding ordinary business day. Should the relevant premium rate be adjusted by the Institution as a result of an inflation related increase in subscription/premium/payment rate, I confirm that the adjusted premium rate may be deducted. I agree that although this Authority and Mandate may be cancelled by me, such cancellation will not cancel the Agreement. I shall not be entitled to any refund of amounts which you have withdrawn while this Authority was in force, if such amounts were legally owing to you. I acknowledge that this Authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party. The User Abbreviated Name as Registered with the Bank will reflect as follows on your bank account: Mabhuqa Sogodi followed by your policy / membership number.

PREMIUM PAYER SIGNATURE: \*

DATE: \*

**DECLARATION**

I declare to the best of my knowledge and belief that the particulars given above are true and correct. I understand and agree that any wilful misrepresentation in this application will invalidate any benefit under this Policy and that I undertake to abide by the terms and conditions of the Policy. Mabhuqa Sogodi Insurance Company Limited shall not be liable for any amount until it has accepted this application and first premium. If over the age limit when joining, the claim will be repudiated and premiums refunded. I state further that I have read and understood the terms and conditions attached to this group policy.

I confirm and accept the terms and conditions of this policy. I understand, accept and consent to the FICA Validation, the Processing of my Information, and the Disclosure and Sharing of my Information, per the terms and conditions

PRINCIPAL MEMBER'S SIGNATURE: \_\_\_\_\_

DATE: \* \_\_\_\_\_

PLEASE SEND COMPLETED APPLICATION FORMS TO: Email: [sibusisokhanyile59@gmail.com](mailto:sibusisokhanyile59@gmail.com)**TERMS AND CONDITIONS OF THE MABHUQA SOGODI FAMILY BENEFIT PLAN****FUNERAL BENEFITS:**

The funeral plan provides for a cash payment of a death claim of a Principal Member, his/her Spouse and Children, where applicable.

**Principal Member:**

A permanent, genuine member of Mabhuqa Sogodi, who is allowed to elect participation in the Policy, in terms of the eligibility conditions as stated in the Policy. A Principal Member may not be older than the maximum entry age of 85 years. A Principal Member must live in South Africa.

**Spouse:** a person married to the Principal Member by law or tribal custom or under the tenets of any Asian religion, which shall include a Common Law Spouse of the Principal Member. Only a maximum of 2 (two) Spouses may be covered. A Spouse may not be older than the maximum entry age of 85 years. **Common Law**

**Spouse:** a person who is deemed by Safrican, at its sole discretion, to be a Spouse, considering the circumstances of each case, and shall include, where applicable, customary marriages or a relationship between two people of the same gender, or a relationship between two people who have lived together for at least six consecutive months prior to the date of death of the Spouse. Safrican will require satisfactory proof to support any claim.

**Child:** an unmarried child of the Principal Member, younger than age 21 years, including a stepchild, posthumous child, an illegitimate child, a legally adopted child or a stillborn child (must be stillborn from the 26th week of pregnancy). Only 2 stillbirth claims will be accepted per family during the term of the Policy. Cover for Children is extended to under age 26 years if the Child is a full-time student at a recognised educational institution. This does not include part-time and correspondence students. Children who are mentally disabled or totally and permanently disabled before age 21 years, who are unable to care for themselves, are covered until cover for the Principal Member ends. Details of any children of a Common Law Spouse, illegitimate child and stepchild must be supplied to Mabhuqa Sogodi at the time that the Principal Member joins the scheme, or within 1 month of the child becoming eligible for cover; Mabhuqa Sogodi will require satisfactory proof to support any claim for such children.

**MABHUQA SOGODI:****COMMENCEMENT OF COVER:**

A policy commences on the SIX MONTH of the calendar month following the receipt of the FULL SIX MONTHLY PREMIUM.

**WAITING PERIODS:**

The following waiting periods apply:

- ⊖ A 6(six)months waiting period shall apply from the date the premium is received by Mabhuqa Sogodi, in respect of a death due to natural causes, for insured persons is younger than 85 (eighty-five) years.
- ⊖ Where a Principal Member has chosen to increase a benefit amount for an insured person, or when taking up a continuation:
- ⊖ A 6(six) month waiting period shall apply to their increased part of the benefit amount only, if the insured person is younger than 85 (eighty-five) years.
- ⊖ After the death of the Principle Member, a family member can continue with the policy. It must be taken up within 1 (one) month. No increase in benefits.
- ⊖ Where premium payments are missed and resumed again at a later stage, the applicable waiting period will apply from the date the payment of premiums is resumed and received \_

**LAPSE:**

Mabhuqa Sogodi will terminate the policy when 2(two) consecutive premiums were missed.

**CANCELLATION:**

Principal Member, as well as Mabhuqa Sogodi, reserves the right to cancel this Policy upon receipt of a 30-day cancellation notice of such intention.

Mabhuqa Sogodi will cancel the policy on the first occurrence of the following:

Death of the Principal Member,

- ⊖ The Principle Member ceasing to pay premiums

**GENERAL:**

- ⊖ Each Principal Member must complete an application form choosing his/her dependants.
- ⊖ Benefits end on the date of death of the Principal Member, non-payment of premiums (subject to the Grace Period), or withdrawal from the Plan by the Principal Member, which ever event may occur first.
- ⊖ Premiums are paid up to death. ⊖ No arrear premiums will be accepted according to the terms of this policy.
- ⊖ A person may be covered any number of times under a Mabhuqa Sogodi Family Benefit Plan and/or a Mabhuqa Sogodi Extended Family Benefit Plan as long as the total benefit does not exceed R1 20 000.00.
- ⊖ All Children may be covered multiple times under the Plan, provided that:
- ⊖ The benefit for children younger than 6 years cannot exceed the maximum benefit limit of R20 000 across all Mabhuqa Sogodi plans. ⊖ The benefit for children younger than 14 and older than 6 years cannot exceed the maximum benefit limit of R30 000 across all Safrican plans.
- ⊖ Should a Principal Member have underpaid his/her premium, the benefit payable in respect of a claim will be reduced in proportion to the underpayment.
- ⊖ The policyholder is entitled to be provided, upon request, with a copy of the Policy Document. ⊖ Policyholders is entitled to be provided upon request with a copy of the Master Policy.

**GRACE PERIOD:**

A one-month grace period is allowed to pay a missed premium once the policy is in force. If the premium is not paid within that month, the cover will end without further notice.

**PREMIUM RATE AND POLICY TERMS REVIEW:**

The premium rate payable, and the terms and conditions of the policy, shall be subject to change by Mabhuqa Sogodi at any time on three months' written notice to MABHUQA SOGODI.

**SURRENDER VALUES**

Should you wish to terminate the policy, you will not receive any cash benefit and/or surrender value. You may not use the benefits under this to be ceded or pledged in any way. No loans will be accepted against this Policy.

**FRAUDULENT CLAIMS:**

Mabhuqa Sogodi will not pay any fraudulent claim that is made against this policy. Mabhuqa Sogodi will, at its own discretion, be entitled to cancel this policy, and any other policy held by the Principal Member or claimant, with immediate effect, should any fraudulent claim be made with the knowledge or intent of the Principal Member or claimant to Safrican's detriment.

**DEBIT ORDER PROCEDURE:**

Please ensure that the debit order is drawn from your bank account on the date selected. If it is not deducted on the selected date, please contact our offices immediately.

**PURPOSE FOR PROCESSING YOUR INFORMATION**

Your information will only be used for the purpose you would reasonably expect, including; providing administrative services on behalf of your Insurer and

Service Provider; to issue, administer and manage your insurance policies, to process insurance claims; to notify you, on behalf of your Service Provider, of new products or developments that may be of interest to you; to verify your identity and to confirm, verify and update your details; and to comply with any legal and regulatory requirements.

**FICA VALIDATION:**

The validity of this insurance policy is subject to the fulfilment of party due diligence obligations of the Insurer and Service Provider under the provisions of the Financial Intelligence Centre Amendment Act conducted on the identity of client(s) or persons acting on behalf of clients as well as beneficiaries, premiums payers and beneficial owners of juristic persons where applicable.

**CONSENT TO DISCLOSE AND SHARE YOUR INFORMATION:**

Your information may need to be shared to verify your identity, provide advice, reports, analyses, products or services that you have requested. Where we share your information, we will take all precautions to ensure that the third party will treat your information with the same level of protection as required by us.

**SUMMARY CLAIMS PROCEDURE:**

⊖ In the event of a death, a Claim Notification Form must be requested from a Mabhuqa Sogodi office, and submitted together with the relevant supporting documents.

Failure to submit all required supporting documentation within 31 working days of the date of death will result in the benefit being forfeited.

Claim documents must be clearly certified by:

**Police** or a Commissioner of Oaths. The relevant details of the Police or Commissioner of Oaths as well as the date stamp must be clear. Documentation submitted other than those listed, will not be accepted.

Documents to be submitted include, but are not limited to:

- ⊖ Fully completed Claim Notification Form.
- ⊖ Proof of Death:
  - ⊖ (BI-5) Clearly Certified copy of computer produced Death Certificate; u
  - ⊖ (BI-18) Clearly Certified copy of unabridged Death Certificate; or
  - ⊖ BI –20) Certifteez copy of Abridged Death Certificate in respect of stillborn, together with supporting medical documents.
  - ⊖ (BI-1663) Copy of the Notification of death
  - ⊖ Clearly certified copy of Principal Member's Identity Document ⊖ (81-1663) Original or faxed copy of the Notification of death
  - ⊖ Clearly certified copy of Principal Member's Identity Document
  - ⊖ Clearly certified copy of deceased's Identity Document
  - ⊖ Clearly certified copy of claimant's Identity Document
  - ⊖ Copy of Principal Member's pay slip for pay period immediately prior to death or the month in which the death occurred ⊖ Marriage Certificate where applicable.
  - ⊖ Current bank statement of the claimant
  - ⊖ See the Claim Notification Form for further required documents

Mabhuqa Sogodi reserves the right to request further documentation or information as it may deem necessary to accurately assess a claim.

- ⊖ Mabhuqa Sogodi will endeavor to settle the claim within 48 hours, from receipt of ALL claim complete supporting documentation, all the claim procedure criteria have been met.
- ⊖ Claims will be rejected once the maximum benefit per individual has been reached. Mabhuqa Sogodi

accepts no liability for loss of premiums or benefit where an individual was insured for more than the maximum benefit permitted.